

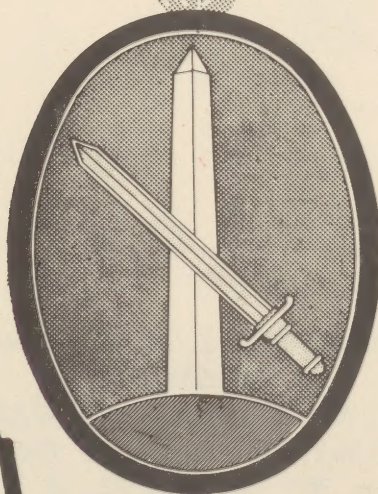
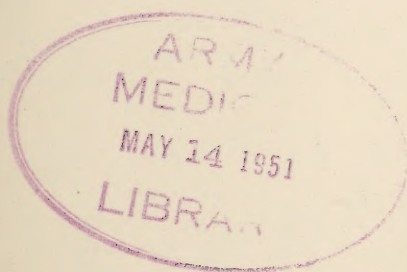
VOLUME 4

REPORT NO. 4

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

April 1951



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MAJOR GENERAL THOMAS W. HERREN
COMMANDING
MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.



INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as a basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Army Medical Service personnel in the field.

Robert E. Bitner

ROBERT E. BITNER
Colonel, MC
Surgeon

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PROFESSIONAL SERVICES

CONSERVING PHYSICIANS' TIME
By
COLONEL ROBERT E. BITNER, M. C.
SURGEON
MILITARY DISTRICT OF WASHINGTON

Throughout many medical installations in the Military District of Washington it had been common practice, until very recently, for each patient reporting to the dispensary with minor complaints to report and be seen by a physician. The receptionist had no alternative when a person came in and stated that he had a common cold or mild headache, but to draw out all medical records on this individual and place him on the waiting list to see the doctor. It was necessary for the patient to see the doctor even though the patient desired only aspirin tablets.

This was only one of many instances where the physician was seeing patients for the sole purpose of prescribing common drugs that could be purchased at any local drug store without a prescription blank. It was therefore decided to make available to individuals, authorized medical treatment, a small list of common home remedies. The individual can now report to the pharmacy, where he is given a slip to fill out for small quantities of common medicines and preparations. These are supplied by the pharmacist and the individual reports back to his organization completely satisfied. He has been able to avoid time-consuming routines of applying first to the receptionist, waiting to see a physician, having the physician listen to his complaint and then write a prescription for the common medicine that he originally requested.

This system of having "common drug store pharmaceutical products" available in small quantities was instituted at the U. S. Army Dispensary, The Pentagon, and proved successful. It has saved many doctor-hours. This time was devoted to more important cases.

* * * * *
FORCED FEEDING HEALS BURNS FASTER, ARMY TESTS INDICATE

The healing of serious burns is accelerated through a system of high caloric feeding now being tested by Army doctors, Major General R. W. Bliss, Army Surgeon General, reported today. Testing of the system, involving a new electric pump and new principles of nutrition, was started recently at Brooke Army Hospital, Fort Sam Houston, Texas.

Many extreme or extensive burns, especially if they have become infected, result in a toxic, depleted state in which the patient loses considerable weight and strength, and suffers severe loss of appetite, General Bliss explained.

Under the Army's treatment program, a liquid diet very rich in energy is fed through a small plastic tube inserted through the nose directly into the stomach. The food is carried to the stomach by means of the pump devised by Dr. Truman G. Blocker, staff surgeon of the University of Texas Medical School at Galveston, and a surgical consultant to the Army Medical Service.

The liquid flows in at an extremely slow rate - about one-twentieth to one-thirtieth of an ounce per minute, which permits the food to be well assimilated without nausea or vomiting, the Surgeon General said. By running the pump 24 hours a day, it is possible to feed a seriously debilitated patient several thousands of calories daily. As the patient gains weight and strength, his appetite increases to the point where he can eat full normal meals, but the mechanical feeding is continued in order to provide additional thousands of calories, until the healing of the burns is well under way, General Bliss declared.

High caloric feeding is one of several phases of thermal burn research being carried on by the Army at Brooke under Lieutenant Colonel Edwin J. Pulaski, MC. As results are obtained, the findings have been and will continue to be reported to the civilian medical profession, the Surgeon General said, since burns will be an important factor in the medical aspects of civil defense planning. One such recent advance was the development of two large burn dressings which are being used now in Korea and which are adaptable for use in civilian disasters, such as the Texas City and Coconut Grove fires.

(The above is from D/A SGO, Technical Information Office)

ADMINISTRATIVE SERVICE

TAXATION AND THE SOLDIER'S AND SAILOR'S CIVIL RELIEF ACT

The Soldier's and Sailor's Civil Relief Act of 1940, as amended (hereinafter called the Act) in so far as it applies to taxation, provides:

A person cannot lose a legal residence in his home state solely by virtue of being absent therefrom in compliance with military orders.

A person cannot become a legal resident of any state solely because of temporary residence therein in compliance with military orders.

Compensation for military service shall not be deemed to be income for services performed within or from sources within, any state of which the person so compensated is not a legal resident.

Personal property shall not be deemed to be present or to be located within any state when the owner is present in such state solely in compliance with military orders.

The foregoing rules shall apply equally as well to licenses, fees and excises imposed in respect to motor vehicles or the use thereof: Provided, that the license fee or excise required by the owners' home state has been paid.

The term "state" includes the District of Columbia and also any political subdivision of any state such as a county, city or town.

There is nothing in the Act which prevents a person in the military service from changing his legal residence, but the Act provides that he shall not be deemed to have done so merely because of a change in his abode in compliance with military orders. Such person may change his legal residence at will, but he may not be forced to do so merely because of military service. A person's legal residence is that place in which he has voluntarily fixed the habitation of himself and family, not for a mere special or temporary purpose, such as military service, but with the present intention of making a permanent home, for an unlimited or indefinite period, and to which he has the intention of returning. The question of whether a person has established a legal residence is largely a question of intention to make of that place a permanent home to which he will return from any temporary periods of absence. The question of whether a period of absence is temporary does not depend upon the length of time he is absent but upon his intention. Of course one's intention is judged by his acts and he must be consistent if he would have the courts believe his intention to be as declared.

The legislative history of the Act discloses that it was the intention of Congress to prevent multiple state taxation of the property and income of military personnel and to prevent multiple licensing of his automobile by states, counties and cities. It was not the intention of Congress to relieve the property and income of military personnel from all state taxation, nor to relieve their automobiles from all licensing. It appears that the personal property and income of a person in the military service remains subject to taxation by his home state whether he pays such tax to another state or not. It also appears that although his automobile is not subject to licensing in his home state, and that if he does so elect and does so pay the license, no other state (or any political sub-division thereof including counties, cities or towns) can force him to take out another license.

This memorandum does not apply to real estate taxes. A member of the military forces may purchase real estate and live upon it for any length of time so as to comply with military orders without in any way indicating an intention to become a legal resident of the state in which such real estate to the state in which it is located and such payment is no indication of intention to establish a legal residence there.

The Act provides that it shall be liberally construed for the benefit of persons in the military service, and it is well to mention here that it is solely for the benefit of persons in the military service and not for the benefit of their spouses. Some members of the service disqualify some of their property for this protection by having the title thereto placed either jointly or solely in the name of their spouses, apparently for reasons best known to them.

In recognition of this rule of liberal construction, the experience of this headquarters indicates that most of the taxing and licensing jurisdictions within the Military District of Wash-

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ington have scrupulously granted the exemptions of the Act to military personnel. However, this scrupulous recognition of the rule laid down by the Act is not unanimous, as indicated by the following:

The tax authorities of the State of Virginia have ruled that where an automobile belonging to a person in the military service is licensed in Virginia as of the annual tax assessment day (1 January) of any year such automobile is liable for personal property taxes regardless of any other facts. They have taken the position that licensing of the automobile in Virginia constitutes a waiver of the exemptions provided by the Act. Virginia has not yet extended this rule but it may very well do so. Its application should be avoided.

The county authorities of Arlington County, Virginia, have ruled that where an automobile belonging to a person in the military service is licensed in Virginia for any licensing year and is garaged in Arlington County it is subject to the Arlington County license fee for that year. These county officials have also refused to recognize the red markers issued by this headquarters to identify automobiles owned by persons in the military service and will hereinafter require that all persons claiming exemptions under the Act secure special markers to be issued by Arlington County.

This memorandum is issued for the information and guidance of all military personnel on duty within the Military District of Washington as a form of legal assistance in order that they may be fully advised of their tax liabilities and exemptions.

(The above is from Memorandum #11, MDW, dtd 7 March 1959)

* * * * *

THE ADMISSION AND DISPOSITION BRANCH AT AN ARMY HOSPITAL

In an Army hospital, the registrar is responsible for the operation of the admission and disposition branch. The purpose of this branch is to: (1) examine the patients prior to their admission, and to determine the type of hospitalization required; (2) assign the patients to proper wards; (3) prepare admission records, Consolidated Ward Morning Reports, and Admission and Disposition Sheets; (4) to maintain clinical records suspense file for absentee patients; (5) and to check all patients arriving at, or departing from, hospital on admission, discharge, pass, or leave.

In order to carry out these functions, there are two officers assigned to the admission and disposition branch who have the job of operating the branch office.

The Administrative Officer. The first is an administrative officer (a Medical Service Corps officer) who is a representative of the registrar. This officer has charge of the branch office and is responsible for the preparation of the admission records, taking care of the funds and valuables that the patient brings with them into the hospital, taking care of their baggage, and keeping track of all patients in the hospital. He also maintains a record of all patients admitted to the hospital, or who depart from it during each twenty-four hour period. The administrative officer has a staff of office personnel who interview each patient in order to obtain the required personnel data, and who make up the records that accompany each patient to the ward, and those used by other agencies of the hospital. In addition to maintaining a record of all patients arriving at, or departing from, the hospital, the administrative officer also maintains certain indexes:

Locator Index. One of the most important of the indexes maintained by the administrative officer is a "Locator Index" which shows the ward assignment of every patient in the hospital. Similar indexes are maintained by other sections of the hospital, but this is the "master" locator, and must be checked continually to insure that it is up-to-date and correct.

Register Number Index. Another important index maintained is the register number index. A register number is simply a file number of the case, assigned at the time the patient is admitted to the hospital. The first patient admitted to a particular Army hospital is given register number 1, the second number 2, and so on, in arithmetrical progression as long as the hospital remains in operation. Although clinical records are filed alphabetically, retained copies of the medical report cards and other medical records maintained on patients are filed by register number rather than by the name of the individual. Since a register number is given to each individual case, a man who has had five different admissions to a certain hospital would have five register numbers. In

ADMINISTRATIVE SERVICE

order to make sure that the correct register number is assigned to the patient at the time of admission, the administrative officer maintains the register number index. This index also serves to identify patients when only the register number is known.

The Admitting Officer. The admitting officer is a Medical Corps officer and is responsible for the examination, classification, and assignment of patients upon admission to the hospital. All patients are admitted through the admitting office where the necessary personal data are obtained and the proper assignment to a ward effected. There are cases, such as prisoners, communicable diseases, mental or acute medical and surgical emergencies which are taken directly to a ward without stopping in the admitting office. These emergency cases may by-pass the admitting office, and the necessary admission data obtained on the ward, but no patient is taken directly to a ward without specific instructions to that effect from the admitting officer, or in his absence, the professional officer of the day. The number and type of daily admission of the hospital determine whether or not the admitting officer is assigned to full duty in the admitting office. Where the number of admissions is small, this officer might have some other duty and merely be "on call" when needed.

Procedures for Disposition. Since the admission and disposition branch is charged with the maintenance of locator files showing the ward assignments of all patients, and for maintaining a record of all patients arriving at, or departing from, the hospital, the procedure for dispositions must be the reverse of that for admission. In other words, when the patient leaves the hospital for any reason, he clears through the disposition branch in order that his records may be amended to show his status. If the patient is only going on a short pass, a formal change in his status is not made; but if he is going to remain away for a considerable period of time on sick leave, for example, the machinery for follow-up procedure is set in motion so that if he doesn't return on schedule, the necessary administrative action may be taken. If the patient is leaving the hospital permanently, his record must be closed, his name deleted from the locator file, and all of his clothing and baggage returned to him. Another reason for holding a patient's records in the admission and disposition branch while he is on leave is the fact that ward assignments are made from that section, and it is impossible to be sure that the patient will be returned to his old ward upon his return from sick leave.

(Above article is from Medical Field Service School, June 1949).

* * *

UTILIZATION OF STOCKS ON HAND

The expansion of existent Army stations and Air Force bases, activation of new installations, and the Korean police action are placing an extraordinarily heavy drain on depot stocks of medical supplies and equipment. This increased activity has progressed to the point that deliveries from procurement are not sufficiently rapid to meet the surging demands from oversea areas and the zone of interior.

In order that depots may adequately fill the most urgent needs, it is imperative that conservation be strictly observed by all echelons, and that the utmost use be made of available stocks on hand at stations and bases, thus reducing demands on depots to the minimum. The conservation will consist of:

Utilizing substandard and nonstandard supplies and equipment on hand at stations and bases.

Maintaining equipment in the highest degree of repair at all times, in accordance with presently announced policies. This repair should be performed by the lowest echelon of maintenance consistent with capabilities, or by commercial repair when necessary and when authorized under existing procedures.

(The above is from Medical Supply Information Letter No. 33, Schnectady General Depot, US Army, Schnectady, New York)

* * *

Nine-tenths of wisdom is being wise in time. --Theodore Roosevelt

FIRST AID TRAINING



WIN AWARDS

The above soldiers from Fort Belvoir, Va., Fort McNair, Washington, D.C., U. S. Army Dispensary, The Pentagon, Arlington Hall Station, Arlington, Va., Fort Myer, Va. and Vint Hill Farms Station, Warrenton, Va., received awards 3 April 1951, upon completion of a first aid course designed to produce instructors in American Red Cross First Aid to the Injured Program. Reading from left to right they are Front Row - Pfc Clarence R. Blodgett, Sgt Russell Reinfenrath, Cpl. Richard C. Hoover, Cpl. William H. Peters, Cpl. Clarence Lewis, Pfc Elbert H. Dame, Pvt Leonard J. Stein, Sgt James B. Austin, Col. Robert E. Bitner, Surgeon, MDW, and Mr. J. E. Aronoff, American Red Cross, D. C. Chapter. Second Row - Sgt. Everett S. Whitehead, Sgt. Clifford E. McQuay, Cpl. Edwin B. Miller, Sgt. Willie G. Kelly, Cpl. Robert J. Foyle, Cpl. Timothy E. Sammons, Jr., Cpl. Harvey M. Weiss, Pfc Harry L. Meixner, and Sgt. George A. Moyers. Missing from picture - Pvt. William P. Braker, S/Sgt Mary N. Wade and Cpl. Robert C. Bub.

PROFESSIONAL SERVICES

ARMY REVEALS NEW TREATMENTS FOR ATOMIC BLAST BURNS

Two new methods developed by Army research to simplify and improve the treatment of extensive radiation burns were revealed today.

One treatment, called the "open" method, is carried out without the use of any type of dressing. The other type of treatment requires a standardized pressure dressing.

Both treatments were described today in a talk prepared for delivery by Colonel William S. Stone, Army medical officer, at the annual post-graduate assembly and convention of the College of Medical Evangelists in Los Angeles, California. Colonel Stone, Commandant of the Army Medical Graduate School at Washington, D. C., spoke on "Individual Protection and Treatment of Thermal Burns Following An A-Bomb Explosion."

Colonel Stone described the open treatment, new in medical circles as simply exposing the burned surface to warm, dry air, using no medication. A dry crust forms in 24 hours, after which a high caloric nutritious diet is supplied. Infection is prevented by antibiotic drugs. A minimum of nursing care is needed after formation of the dry crust.

Advantages of the new method include less pain and more rapid healing, economy of both time and material in applying large dressings and earlier readiness for skin grafting in most severe cases. This method is particularly useful in the treatment of burns involving less than 15 to 20 per cent of the body surface.

The pressure method, he said, is more applicable to extensive burns involving more than 20 per cent of the body surface. In this treatment a new specially constructed dressing is used which requires no change until second degree burns are healed or third degree burns are ready for skin grafting.

Colonel Stone emphasized that no medication is used on the surface of burns in either method. It has been found unnecessary to have a layer of vaseline gauze against the burn surface. Dry gauze does not adhere and no difficulty is encountered in removing the dressing after 14 to 21 days, but it should not be changed until the patient is ready for skin grafting, he pointed out.

Both methods are being standardized in Army hospitals, and are the result of three years of studies by the Surgical Research Unit at Brooke Army Medical Center, Fort Sam Houston, Texas.

In describing these new burn treatments, Colonel Stone reasoned that on the basis of each patient suffering from thermal burns following an A-bomb explosion and receiving such care, medical facilities could not be expected to be available to perform the huge task unless doctors efforts were extended and augmented by proper organization of treatment resources.

"One atomic bomb dropped in the average large American city would probably cause in the neighborhood of 30,000 to 50,000 burn cases," he said. "It is estimated that one skilled surgeon working with the usual nursing and technical assistance could not handle in one day more than 30 burn cases with second degree burns over more than 20 per cent of the body surface." He asserted that such a bomb would also destroy or limit the usefulness of most of the hospitals in the central part of the city, and many of the doctors and nurses in the area would also be casualties.

In order to make effective treatment possible immediately after an explosion, Colonel Stone suggested a plan be developed to organize and train personnel to meet the situation.

He explained that a study of thermal burn cases by the open method of treatment showed that persons with 15 per cent or less of their body surface involved in first or second degree burns, with minor third degree burns, get along very well without any assistance if infections and pain are controlled in the first 24 hours. These individuals, he said, could be taught to care for themselves, using the open method and a few items in a first-aid packet. Although first and second degree burns are the most painful, he said, these people could be taught by trained instructors to use self-treatment during the critical period. This would relieve the load on medical facilities, which should accept only burn cases involving greater than 20 percent of the body surface and those complicated by other injuries.

PROFESSIONAL SERVICES

Colonel Stone suggested the following tentative classification of burn patients following an A-bomb explosion:

Mild: second degree burns over less than 15 per cent of the body with no contained areas of third degree greater than one inch in diameter, and with no third degree involvement of the hands. Treatment: open method with minor dressings, with remedy for pain and drugs for infection on a self-help basis.

Moderately severe: second degree burns over 15 to 20 per cent of the body with contained areas of third degree greater than one inch in diameter. Treatment: largely self-help, as with "Mild" cases, with some cases needing dispensary care, and water with salt and sodium bicarbonate added, taken by mouth.

Severe: second degree burns over 20 per cent of the body with varying amounts of third degree or where the hands are involved with major third degree burns. Treatment: hospital care.

"If every person is taught to fall to the ground and huddle instantaneously upon perceiving the flash of an atom bomb", Colonel Stone said, "the severity of the burns and blast damage can be reduced by greater than 50 per cent."

(The above is an article from D/A, SGO, Technical Information Office, Wash 25, DC)

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GUERRILLA WARFARE TRAINING FOR THE ARMY MEDICAL SERVICE

The Geneva Conference was instituted to aid in the alleviation of suffering during wars. The 1949 Conference states that medical personnel engaged in finding, moving, and treating casualties and in the administration of medical units and establishments will be respected and protected. Unfortunately, all belligerent people do not recognize and obey these regulations. Guerrillas or partisans may have little respect for such rules of orthodox military thought. They are driven to fight by patriotism, lust for adventure, or extreme hate. Their own medical personnel carry arms and use them offensively, thereby violating international law. Since pillage is used by the enemy as a means of supply and since small isolated units operating behind our lines are his favorite targets, many of our forward as well as other medical installations are vulnerable. History proves that some of our most famous military strategists did not give enough serious consideration to guerrilla warfare tactics. Napoleon thought he had conquered Russia in 1812. Then his army was disorganized, starved, and driven from Russia in defeat by partisans and guerrillas. Russia used the same tactics against the armies of Hitler with like results. Mao Tze Tung has elaborated in detail on this subject. That he is a guerrilla expert was proved by the success of his communist guerrillas in China.

Specific training to counteract enemy infiltration tactics and guerrilla warfare has recently been added to several Medical Service Officer courses at the Medical Field Service School. This training consists of a field type problem, including general orientation and instructions for field operation, during which the students are required to move, establish, and operate battalion aid stations in a complete blackout situation. While on the move and during pauses they are attacked and infiltrated by bands of simulated guerrilla aggressors. Thus students are trained in methods of defense.

Current intensive studies are being conducted to determine whether medical units should be increased in size, thereby providing their own security, or whether such security should be provided by the tactical organization of which the medical unit is a part.

(The above article is from ORC Training Bulletin, US Army Medical Service, Brooke AMC, Ft Sam Houston, Texas)

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Hospital commanders will take necessary steps to assure that requests for clinical records are made on separate WD AGO Form 284 in accordance with instructions contained in paragraph 81, SR 345-920-1, dated 15 March 1949.

VETERINARY SERVICE

VETERINARY ASPECTS OF ATOMIC ENERGY

TABLE I
THE EFFECT OF HIGH AIR BLAST UPON FOOD ANIMALS AND PACKAGED FOODS

	Food Animals	Packaged Foods
Blast effect	1. Blast syndrome (Minimal). 2. Fracture, contusion, lacerations, up to 4 miles gradually reduced from 0 point.	1. Contamination from debris. 2. Breaking and distortion and destruction of package.
Heat effect	1. Within 3000 meters of epicenter probably need treatment. 2. Keloid changes might occur in cattle (?). 3. Probably selectively burned depending upon color of animal.	1. Little effect upon food from flash; flame burn might be destructive in extreme.
Radiation effect	1. Within 1/2 mile death soon. 2. Within 1-1/2 mile injury variable up to and including death. 3. After effects - pneumonia, T. B., Septicemia, Genetic (?), Heredity (?), Bio-energetic (?).	1. Contamination from fission products negligible. 2. Neutron flux of no consequence. 3. Gamma and x-radiation no problem.

TABLE II
EFFECT OF A LOW AIR BLAST UPON FOOD ANIMALS AND PACKAGED FOODS

Blast effect	1. Blast syndrome maximal near target possibly complete destruction. 2. Traumatic effects not felt so far away as high air blast.	1. Severe destruction near target. 2. Salvage only at periphery of blast area.
Heat effect	1. Near blast center rapid lethal response (difficult to separate from blast effect.)	1. Severe destruction near target. 2. Salvage only at periphery of blast area.
Radiation effect	1. Severe acute radiation problem for a few hours about site. 2. Animal walk across blast area after six hours. 3. Fall out of radioactive debris and dust - minor problem.	1. Gamma rays - no problem. 2. Neutrons - little problem, depending upon container. 3. Fall out - problem of decontamination depending upon type of package or container.

TABLE III
EFFECT OF UNDERWATER BLAST UPON FOOD ANIMALS AND PACKAGED FOODS

Blast effect	None upon livestock - kills fish in vicinity.	None
Heat effect	None	None
Radiation effect	1. Contamination by fall out over a few thousand yards - severe.	1. Contamination by fall out.

VETERINARY SERVICE

TABLE III (Continued)

Radiation effects	2. Contamination by base surge (?).	2. Contamination by base surge.
	3. Biologic cycles started by simple animals and plants.	

Extracted from The Military Surgeon, February 1951, by Lt. Col. John H. Rust, V. C., Presented 9-11 November 1950 at the Association of Military Surgeons, New York, New York.

PROFESSIONAL SERVICES

RHEUMATIC FEVER

Military disability cases due to streptococci are little different from civilian cases attributed to the same cause. In World War II this group of bacteria caused two primary diseases -- scarlet fever and streptococcal sore throat--both of which, serious enough in themselves, often caused a secondary complication known as rheumatic fever. This complication is characterized by long periods of inability to perform military duty or civilian work--often for life--and has cost the government millions of dollars in disability retirement pay.

Certain geographical areas are "hot spots" for these diseases. In these places as well as in all assembly points throughout the country, regardless of their location, special precautions are in order.

During World War II the Army Medical Service learned that:

Streptococci bacteria are spread rapidly in recruit camps during winter weather in the Northern United States.

Less than 50 square feet of space per man (overcrowding) in a barracks causes so much upper respiratory disease due to streptococci that recruit training may be interrupted.

Streptococci are spread by grouping of patients (infected and noninfected) in ambulances, dispensaries, and hospitals.

Excessive dry sweeping of floors and shaking of untreated bedding spread germ-laden dust and thus augment the infection.

Uninfected newcomers to a camp often are infected by carriers returning from the hospital to the newly formed training companies.

Sulfanilamide prophylaxis was at first effective. Later strains of streptococci became resistant to the drug.

Some of these lessons suggest their own solutions and considerable progress has been made in the epidemiology and control of streptococcal diseases since 1941. However, there are many problems still remaining. Many of them are administrative rather than clinical, but both are interrelated and equally important.

The problems of training, movement, housing, group formations, and housekeeping are administrative in nature, but all of them have a definite bearing on the total respiratory disease rates, especially on those due to streptococci.

Because of our imperfect knowledge and medical responsibilities are not resolved easily. Yet, a zealous prosecution of control measures can be expected to reduce streptococcal morbidity rates. There are several problems still pending which in the present emergency may be investigated further. Among these are the mechanism of communicability, the use and effectiveness of antibiotics, and the reason for the highly communicable qualities of certain strains and types of streptococci.

(The above is from ORC Training Bulletin, US Army Medical Service, Brooke AMC, Ft Sam Houston, Texas)

MISCELLANEOUS

HUGH W. MAHON LECTURESHIP INAUGURATED

The first endowed lectureship to honor a member of the Regular Army Medical Corps has been established. The Hugh W. Mahon Lectureship was inaugurated March 2, 1951, and the first lecture was given by Colonel Hugh W. Mahon, Medical Corps, Retired, at Fitzsimons Army Hospital.

The occasion was high-lighted by the lecture of Colonel Mahon entitled, "Coccidioidomycosis." Emphasis was placed upon the fact that the mycelial forms of the fungus may be found in the tissues of patients suffering from coccidioidomycosis. This fact had not been previously recognized by investigators of this disease.

The endowed lectureship will be an annual occasion at which time distinguished medical leaders will be invited to Fitzsimons to deliver the Hugh W. Mahon lecture. It is planned that this lecture will be given in March of each year.

* * *

ATTENTION TO REDUCERS

REMEMBER:

1 bottle of beer(12oz)	=	1/2 cup of ice cream
2 Martinis	=	1 roast beef sandwich
1 rum and cola	=	3 sweet rolls
2 whiskey and soda	=	1 piece of apple pie
(85 proof) 1-1/2 oz ea.	=	(3-1/2 inch sector)
8 oz of Cola	=	2 slices of toast

* * *

SIX SURVIVAL SECRETS FOR BIOLOGICAL WARFARE

ALWAYS PUT FIRST THINGS FIRST

NEVER LOSE YOUR HEAD

1. KEEP YOURSELF AND YOUR HOME CLEAN

Don't help germs by making things easy for them. Germs have trouble living in clean places, and people who keep clean are less likely to get sick.

2. REPORT SICKNESS PROMPTLY

If you or your family get sick, never fail to tell your doctor. If you live on a farm, report all sicknesses or deaths among your poultry or livestock. Report plant diseases or unusual insects you find in your garden or crops.

3. GIVE ALL POSSIBLE HELP TO AUTHORITIES

If you're asked for a blood sample, give it. If you're told a "shot in the arm" or vaccination is needed by all, don't hold back. Keep your neighborhood clean--starting now.

4. DON'T RUSH OUTSIDE RIGHT AFTER A BOMBING

Unless you have a civil defense job to do, stay inside until the all clear signal is given. Cover broken windows to keep out possible contamination.

5. DON'T TAKE CHANCES WITH FOOD AND WATER IN OPEN CONTAINERS

- Bottled or canned foods would be safe after a BW attack, if the containers weren't broken. But foods in the open might be contaminated. If in doubt, boil for 10 minutes. That will kill most germs.

6. DON'T START RUMORS--DON'T BELIEVE WILD STORIES

Start a rumor and you may start a panic. A panic could cost your own life. So disregard wild talk about biological warfare and don't pass it on to your friends.

PREVENTIVE MEDICINE

RESTRICTED

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed Army Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army Medical Service installations do not include Air Force personnel. (See General Data and Admission Tables on page 12).

The non-effective rate* decreased from the February rate of 16.69 to 15.90 for the month of March. Days lost as a result of disease and injury totaled 15,584 during the five week period ending 30 March 1951.

$$\text{*Non-Effective Rate} = \frac{\text{Total Days lost} \times 1,000}{\text{No. of Days in Period} \times \text{Average Daily Strength}}$$

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in March was 455.8, compared to 531.3 during February. Total admission for disease and injury in January was 1317. Of this number, 1107 admissions were for disease and 110 injuries. Fort Myer reported the highest admission rate, and US Army Dispensary reported the lowest rate during the current month.

$$\text{**Admission Rates} = \frac{1,000 \times 365 \times \text{Number of Cases}}{\text{Mean Strength} \times \text{No. of Days in Period}}$$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

March's rate for disease cases is 414.6 for 1107 cases. Fort McNair reported the highest admission rate, and All Others reported the lowest rate for disease cases.

An injury admission rate of 41.2 per 1,000 per annum for March was reported. This was an increase from the February rate of 47.6. All Others reported the highest rate and U. S. Army Dispensary reported the lowest rate for injuries.

There was 1 death reported during the five week period ending 30 March 1951, by units within the Military District of Washington less Walter Reed Army Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of March 1951. The rate for the present month is 128.8, Compared to the February rate of 168.3. Fort McNair reported the highest rate, and Fort Belvoir, reported the lowest rate. Admission rates for pneumonia (all types) increased during the March report period. The rate being 19.1 compared with the February rate of 6.4. There were 2 cases of scarlet fever reported throughout the month of March.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis during the five week period ending 30 March 1951.

Pertinent statistical tables may be found on pages 13 and 17.

RESTRICTED

RESTRICTED**PREVENTIVE MEDICINE****GENERAL DATA**5-Week Period Ending 30 March 1951
(Data from WD AGO Forms 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries			
				Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir, Virginia	17337	15123	2214	724	435.48	646	388.56	78	46.92	17.46	0
Fort McNair, Wash, D.C.	848	782	66	61	750.13	57	700.94	4	49.19	13.27	0
Fort Myer, Virginia	3710	3530	180	265	744.86	249	699.89	16	44.97	13.16	1
U.S. Army Dispensary The Pentagon	3858	3825	33	108	291.92	107	289.22	1	2.70	16.54	0
All Others	2089	2088	1	59	294.52	48	239.61	11	54.91	8.94	0
Total - Military Dist. of Washington	27842	25348	2494	1317	455.82	1107	414.62	110	41.20	15.99	1
AMC--Med Det(Duty Pers)	1546	1439	107	71	478.90	69	465.40	2	13.50	15.20	0

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR5-Week Period Ending 30 March 1951
(Data from WD AGO Forms 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepa-titis	Malaria	Influ-enza	Psychiatric Disease
Fort Belvoir, Virginia	84.81	25.26	18.04	73.38	10.23	1.20	6.62	3.01	-	-	-	-	8.42
Fort McNair, Wash*, DC	356.62	-	-	12.30	-	-	-	-	12.30	12.30	-	-	-
Fort Myer, Virginia	244.54	19.68	16.86	42.16	2.81	-	-	-	-	-	-	2.81	-
U.S. Army Dispensary, The Pentagon	181.10	5.41	5.41	8.11	2.70	-	-	-	-	-	-	-	8.11
All Others	99.84	-	4.99	-	-	-	-	-	-	-	-	-	-
Total-Military District of Washington	128.84	19.10	14.23	53.18	7.12	.75	4.12	1.87	.37	.37	-	.37	6.37
AMC-Medical Detachment (Duty Pers)	67.40	-	-	-	-	-	-	-	-	-	-	-	-

* * *

MEMBERS IN ARMED FORCES EXEMPTED FROM PAYMENT OF DUES

Members of the Kentucky State Medical Association, who are in good standing at the time they are inducted into the Armed Forces, will not be charged a membership fee while on their tour of military duty.

This motion was unanimously passed by the Council at its December 28, 1950, meeting. The ruling becomes effective on the next billing date for membership dues after the member enters the service. No dues will be returned.

The Council, at the same time, expressed the hope that the component county medical societies would take similar action on this matter.

(Republished from Volume 49, The Journal of the Kentucky State Medical Association, February 1951)

RESTRICTED

PREVENTIVE MEDICINE

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VENEREAL DISEASE

Venereal Disease rate among units within The Military District of Washington, decreased during the March report period.

The rate for March 1951, was 13.86, a decrease from the February rate of 18.87. A total of 37 cases were reported for the five week period ending 30 March 1951. Of this total 35 were reported by Fort Belvoir, and 2 cases for Fort Myer.

During the report period, white personnel incurred 14 of the reported number of cases, with a rate of 5.76 and 23 were incurred by negro personnel, with a resulting rate of 96.17 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (March) in addition to the rate per 1000 per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 15, 16 and 17.

NEW VENEREAL DISEASE CASES - EXCL EPTS - JANUARY, FEBRUARY AND MARCH 1951

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	JANUARY 51	FEBRUARY 51	MARCH 51	MARCH 51
Fort Belvoir	20.70	27.76	21.05	2.018
Fort McNair	-	-	-	-
Fort Myer	3.16	10.05	5.62	.539
U.S. Army Dispensary, Pentagon	-	-	-	-
All Others	7.83	7.77	-	-
Total - Military District of Washington Units	13.52	18.87	13.86	1.328
Army Medical Center - Medical and Holding Detachments	4.49	4.56	3.80	.364
Total - Dept/Army Units Mil Dist of Washington	12.62	17.47	12.96	1.242
	*	*	*	

Medical Inspectors, should order a recent booklet published by the Health Officers News Digest titled "Don't". This booklet points up Don'ts in the field of Personal Hygiene, Food Storage, Equipment Cleaning, Food Preparation, Food Display, Maintenance, Animal, Rodent and Vermin, Paper Utensils, Refrigeration, Food Service, Disposal, Water Supply, Storage and Handling and Lighting and Ventilation. It will be found useful for information purposes but should not be used as a basis by modifying or rescinding official directives. Price of booklet is 3 cents per copy with first 5 copies, free. Orders should be sent to Health Officers News Digest, 1790 Broadway, New York 19, N. Y.

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PREVENTIVE MEDICINE

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

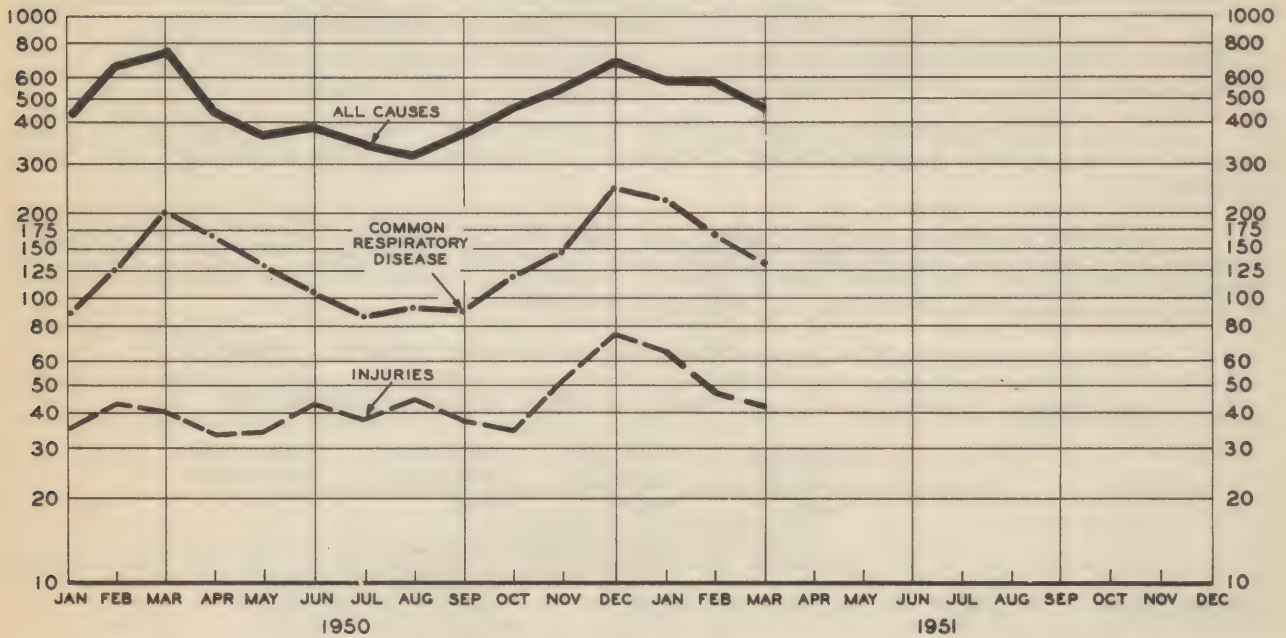
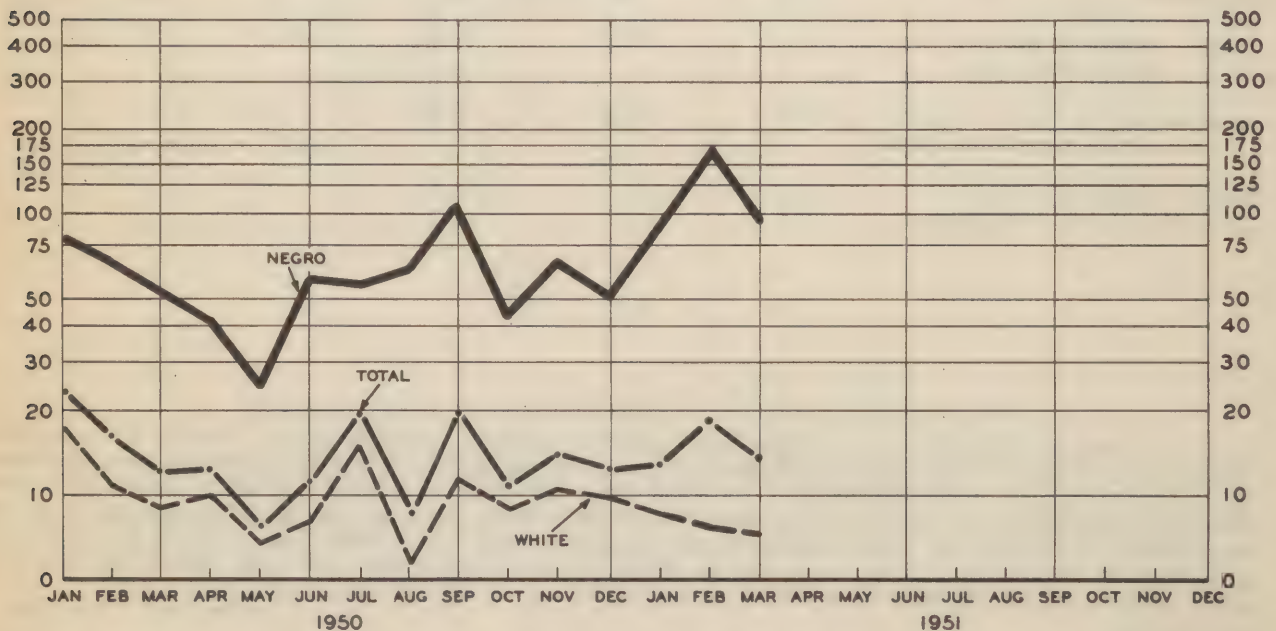


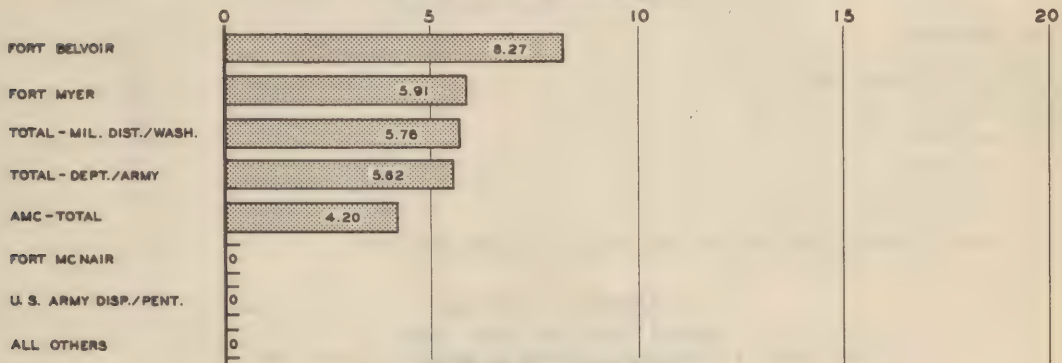
CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW NOT INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS

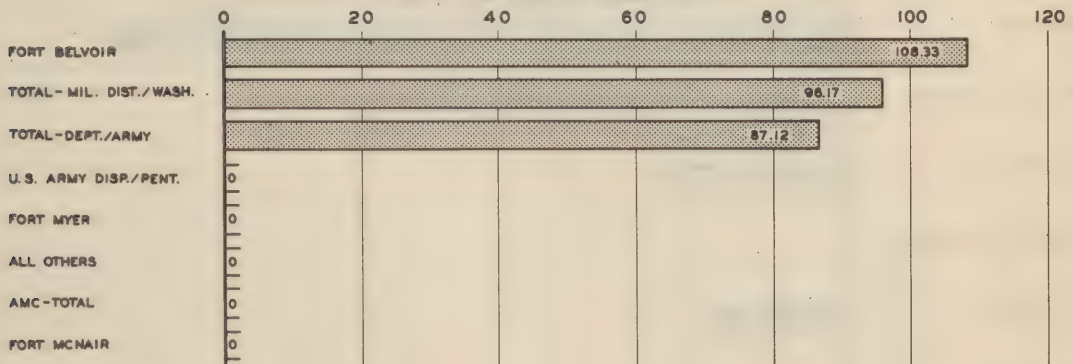


RESTRICTED

VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 5 WEEK PERIOD ENDING 30 MAR. 1951 WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 5 WEEK PERIOD ENDING 30 MAR. 1951 NEGRO PERSONNEL (CHARGEABLE CASES)



* * * * *

MILITARY PERSONNEL

Ordering Into The Active Military Service of Medical and Dental Officers of
The Medical Service Reserve

The physical examination of an officer prior to his entry on active duty is not necessary when the period intervening between date of last final type physical examination and expected date of entry on active duty of the officer concerned is not greater than 180 days. However, when the period intervening between the date of the last final type physical examination and the expected date of entry on active duty of the officer concerned is greater than 120 days the provisions of Par 10A (1) (a) AR 140-120 will apply. Minimum physical standards for induction for physical profile classification 3 (profile C), AR 140-115, will apply for determination of physical qualification for active military service.

(The above is an extract from SGO Circular 44, 21 March 1951)

* * * * *

LITHIUM CHLORIDE

With the advent of the summer season, it is pertinent that a warning be renewed that salt substitutes containing lithium chloride are dangerous when consumed by humans. The symptoms of lithium chloride poisoning are drowsiness, weakness, loss of appetite, tremors of extremities, blurring of the vision, and coma. Salt substitute compounds should be checked to determine whether or not lithium chloride is one of the components.

* * * * *

EAD IN PRIORITY I

Through the month of March 1951, 990 doctors of medicine and 950 doctors of dentistry in Priority I, PL 779, have been called to active duty. During the month of April 1951, 300 additional medical doctors and 100 dentists will be called.

PREVENTIVE MEDICINE

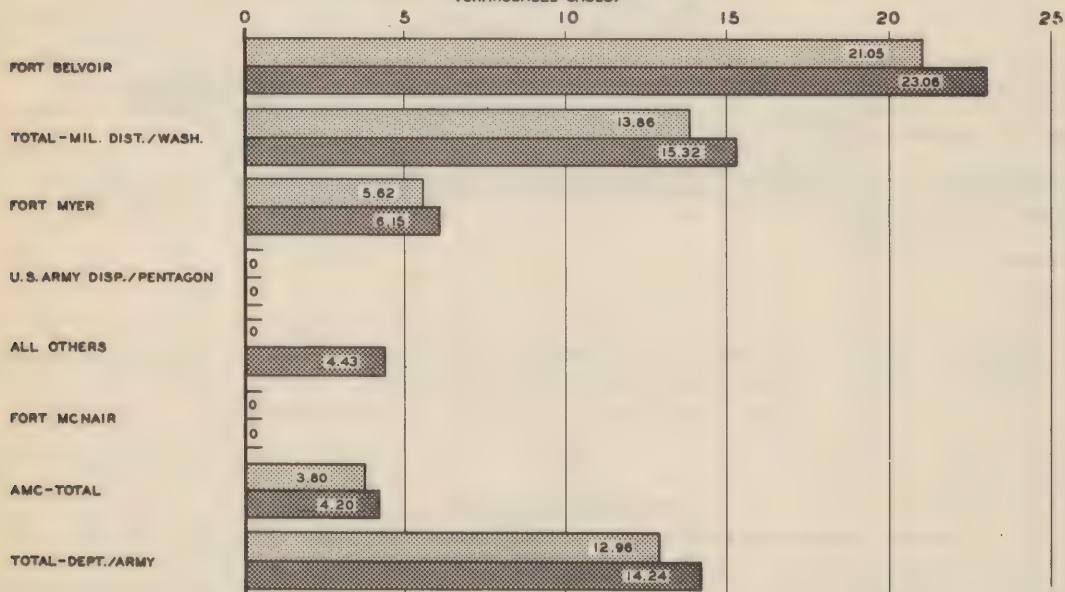
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VENEREAL DISEASE RATES US*

(All Army Troops)	JANUARY 1951	FEBRUARY 1951	MARCH 1951
First Army Area	19	11	10
Second Army Area	28	20	18
Military District of Washington	13	17	13
Third Army Area	36	22	21
Fourth Army Area	30	20	26
Fifth Army Area	14	11	10
Sixth Army Area	22	20	25
TOTAL United States	25	18	19

*Compiled in the Office of the Surgeon General and Includes US Army Hospitals

VENEREAL DISEASE RATES PER 1000 PER YEAR FIVE WEEK & CUMULATIVE TOTALS ENDING 30 MAR. 1951 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



* * * * *

A FEW DANGER POINTS IN FOOD HANDLING.

1. Failure to keep ventilating ducts and fans clean.
2. Failure to provide an adequate supply of hot water.
3. Storing garbage in food storage areas, or not storing in tightly covered metal containers.
4. Storing ready to eat foods where refrigerator coils may drip on them.
5. Storing foods in refrigerator so air circulation is blocked.
6. Undercooking meats, especially pork.
7. Storing foods on stairs, or in heavily travelled corridors.
8. Failure to clear clogged sinks or floor drains.
9. Using paper cups for food service after they have fallen to the floor.
10. Using cracked or chipped multi-use utensils for serving food or drink.
11. Preparing or serving food while suffering from colds, boils, dysentery or other infections.

* * * * *

THE FIVE C's OF GOOD FOOD HANDLING - Cleanliness, Courtesy, Carefulness, Common Sense, Compliance with Regulations. -- Wis. State Board of Health.

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PREVENTIVE MEDICINE

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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT

For the Five Week Period Ending 30 March 1951
(Data from WD AGO 8-122)(Chargeable Cases)

STATION	R A C E	Mean Strength	Syphilis	Gonorrhea	Other	Total	Rate per 1000 Troops per Annum	Total Days Lost From Duty(Old & New Cases)
Fort Belvoir	W	15123	5	7	0	12	8.27	11
	N	2214	3	20	0	23	108.33	2
	T	17337	8	27	0	35	21.05	13
Fort McNair	W	782	0	0	0	0	-	0
	N	66	0	0	0	0	-	0
	T	848	0	0	0	0	-	0
Fort Myer	W	3530	0	2	0	2	5.91	0
	N	180	0	0	0	0	-	0
	T	3710	0	2	0	2	5.62	0
US Army Dispensary The Pentagon	W	3825	0	0	0	0	-	0
	N	33	0	0	0	0	-	0
	T	3858	0	0	0	0	-	0
All Others	W	2088	0	0	0	0	-	0
	N	1	0	0	0	0	-	0
	T	2089	0	0	0	0	-	0
Total - Military District of Wash.	W	25348	5	9	0	14	5.76	11
	N	2494	3	20	0	23	96.17	2
	T	27842	8	29	0	37	13.86	13
Army Medical Center Med. & Hold. Det.	W	2482	1	0	0	1	4.20	0
	N	259	0	0	0	0	-	0
	T	2741	1	0	0	1	3.80	0
Total - Dept/Army Units	W	27830	6	9	0	15	5.62	11
	N	2753	3	20	0	23	87.12	2
	T	30583	9	29	0	38	12.96	13

* * * * *

VENEREAL DISEASE EPIDEMIOLOGIC REPORT

SR 40-210-11 has set up a uniform method for the reporting of contacts of venereal disease patients to civilian health authorities.

When venereal disease is diagnosed the commanding officers of medical installations are responsible for promptly obtaining complete identifying information concerning all individuals who may have had infectious contact with a venereal disease patient during the period of communicability and for transmitting this data on PAS Form 1421 without delay to the appropriate civilian health authorities.

Interviewing of patients should be made by personnel who have received sexual training in the technique of venereal disease contact interviewing. The patient will be advised at that time that the information will be used only by authorized health agencies for the purpose of locating, examining, and treating the named contact and otherwise will be held in strictest confidence.

Paragraph 7 of the SR provides for instruction for utilizing the new form. Medical installations should immediately requisition PHS Form 1421(VD) through normal publication supply channels under SR 310-90-1.

RESTRICTED

RESTRICTED**DENTAL SERVICE****DENTAL SERVICE - FIVE WEEK PERIOD ENDING 30 MARCH 1951**

STATION	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Ex- trac- tions	Calcu- lus Removed	X- Rays	Ex- amina- tions
	Men	Duty Days	Men	Duty Days									Full	Par- tial	Re- pair				
Fort Belvoir	27	670	1	22	6209	2328	1338	463	4	14	24	12	22	24	20	1672	292	2566	1825
Fort McNair	2	42	0	0	324	90	118	21	1	2	1	0	1	1	9	31	29	145	110
Fort Myer, Va.	5	91	1	22	1440	417	114	76	0	0	1	4	8	7	11	106	116	1158	283
US Army, Disp- ensary, Pent.	7	198	0	0	2431	406	127	144	4	3	7	3	16	16	23	43	239	658	627
All Others	2	57	0	0	462	157	101	30	1	1	1	0	1	7	3	121	28	75	574
Total - MDW	43	1058	2	44	10866	3398	1793	734	10	20	34	20	47	55	66	1973	704	4602	3419

VETERINARY SERVICE**POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED MARCH 1951**
(Data obtained from WD AGO Forms 8-134)

STATION	CLASS *	CLASS *	CLASS *	CLASS *	CLASS *	CLASS *	CLASS *	TOTAL
	3	4	5	6	7	8	9	
Fort Lesley J. McNair		66,092	171,756		222,751		80,123	540,722
Fort Belvoir, Virginia		732,321	293,336		906,238	130,260	315,652	2,373,807
Alexandria Field Buying Office		534,917	225,182	754,186			115,411	1,629,696
Fort Myer, Virginia		182,644	187,465		396,181	13,691	122,210	902,191
Cameron Station, Virginia		181,797	175,551		368,283	6,733	90,143	822,507
MDW Veterinary Detachment	630,236							630,236
The Pentagon						349,714		349,714
Army Medical Center		211,888	135,870		347,640	17,120	79,937	792,455
TOTAL	630,236	1,909,659	1,189,160	754,186	2,237,093	517,518	803,476	8,041,328

REJECTIONS:

Not type class or grade								
Alexandria Field Buying Office		1,509						1,509
MDW Veterinary Detachment	35,372							35,372
Insanitary or Unsound								
Fort Myer					37			37
MDW Veterinary Detachment	4,307							4,307
TOTAL	39,679	1,509				37		41,225

*Class 3 - Prior to Purchase

*Class 4 - On delivery at Purchase

*Class 5 - Army Receipt except Purchase

*Class 6 - Prior to Shipment

*Class 7 - At Issue

*Class 8 - Purchase by Post Exchange, Clubs
Messes or Post Restaurants

*Class 9 - Storage

OUTPATIENT SERVICE**OUTPATIENT SERVICE**

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed Army Hospital, are indicated below for the five - week period ending 30 March 1951:

ARMY:

Number of Outpatients 6353
 Number of Treatments 27774
 NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED
 NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED

NON-ARMY:

Number of Outpatients 10483
 Number of Treatments 31809
 1458
 15855

HOSPITAL MESS ADMINISTRATION**HOSPITAL MESS ADMINISTRATION**

STATION	DECEMBER 1950	JANUARY 1951	FEBRUARY 1951	MARCH 1951
Fort Belvoir				
Income per Ration	\$1.18	\$1.18	\$1.22	\$1.254
Expense per Ration	1.08	1.02	1.15	1.135
Gain or Loss	+1.10	+1.16	+0.07	+1.118

RESTRICTED

CIVILIAN EMPLOYEES HEALTH SERVICE PROGRAM

DERMATOSES

An investigation of a recent outbreak of dermatitis revealed the following information:

1. The section of the printing plant in which the dermatoses occurred was that in which Webendorfer-Wills printing presses are in operation.

2. Individuals involved were the operators of these presses. Six of these were examined. Four were actively engaged in the operation and two had been transferred to other work. The skin lesions had about cleared up on these latter two individuals. They had been away from the job for several weeks.

3. Type of dermatitis. The condition was chronic in all cases and best described as a chronic fissured eczema. The skin in each case was dry and defatted, typical of constant solvent action on the skin. There were deep transverse cracks on the fingers especially at the knuckle joints on both the palmar surface and the back of the hands. There were open sores on fingers and some lesions on the forearms. The skin was thickened and had lost elasticity.

This chronic skin condition has been produced by the combined action of a defatting agent (Varsol) upon which is superimposed the action of a chrome solution. The duration of the dermatitis is over a long period of time.

4. The materials used are:

- a. Chromic acid
- b. Phosphoric acid
- c. Varsol

5. Details of Process. At the beginning of the shift the operator places a three gallon bucket of etch (chromic and phosphoric acid solution) beside his press. About every half hour he dips a sponge in this, using his bare hand, and wipes off the plate. He then wipes off the blanket which is bathed in varsol. He then drops the sponge back in the bucket. It is estimated that he will do this about sixteen times in eight hours. Although the etch solution is dilute and each exposure mild. The operation results in a prolonged eight hour intimate exposure of the hands to etch and varsol.

6. No protective devices had been used. Rubber gloves were supplied at one-time but the operators did not use them. A lanolin ointment was contemplated but the foreman stated it was not available. The use of a bucket of clean water by each press for washing purposes is to be provided. Cotton gloves covered with Neoprene have been ordered. No wash-up program is in effect and no re-fatting agent is furnished.

Discussion. In the printing trade it appears that it is not the custom for printers to take the action of etch on the skin seriously, because of long association with its use and because it is a dilute solution. There is no immediate effect such as a burn and the effect of continued and repeated exposure is neglected. It is evident that plates and blankets can be cleaned without a dermatitis hazard being associated.

Recommendations.

a. Education of the individuals emphasizing that although the etch is dilute, constant and repeated application to the skin will cause dermatitis, drying of the skin, defatting and painless ulcers which leave scars.

b. Avoid direct contact with the volatile solvent and etch. When the skin has been exposed, minimize the length of time of exposure by promptly washing with a mild, neutral industrial cleanser or soap.

c. Replace the etch for plate washing with a safer solution.

d. Require the use of the cotton-neoprene gloves, when the plates are being cleaned. Ascertain that the gloves are long and do not get contaminated inside.

CIVILIAN EMPLOYEES HEALTH SERVICE PROGRAM

e. Require that each operator wash hands and arms with a neutral soap or cleanser before lunch and before leaving work at the end of the shift.

f. Require the use of a refatting cream at the end of the shift. A vanishing type cream containing lanolin is indicated. Such a cream may also be of value when applied at the beginning of a period, it will fill the pores with a harmless material and facilitate washing.

g. Treat those individuals already affected by cleaning the lesions, with currettement if necessary, and covering with ointment to prevent further exposure. These lesions are sometimes difficult to heal while the individual is working.

h. Early detection of dermatitis by reporting of employees and supervisors to the medical department.

1. Prompt treatment of any cases of dermatitis which may develop.

HEALTH HAZARDS IN GASOLINE STORAGE TANK CLEANING.

A near fatal exposure of two contractor employees to tetraethyl lead recently occurred at an Air Force Base during gasoline storage tank cleaning operations. The men became critically ill after about four (4) hours exposure. The present expansion of fuel storage facilities will require the cleaning and maintenance of standby tanks and aqua systems. During the storage of aviation gasoline, organic lead compounds precipitate out of the gasoline and gradually accumulate in the sludge that settles to the bottom of the tank, and in the scale. In addition to the organic lead hazard (which can exist in liquid, vapor, or dust form), anyone engaged in cleaning gasoline storage tanks may suffer accidental injury as a result of explosion or fire, the presence of toxic concentrations of gasoline vapors, deficiency of oxygen, slipping, falling, or from falling objects.

All medical officers should familiarize themselves with the toxic nature of organic lead compounds and with the safety precautions that must be followed to prevent lead poisoning from gasoline tank cleaning.

Pending the publication of an appropriate Air Force directive, surgeons should advise base personnel concerned in writing contracts for work to be done, or contact installations or other personnel likely to accomplish gasoline storage tank cleaning, or both, of the hazards involved and precautions to be taken to insure safe operations. Installations or other personnel likely to accomplish cleaning of gasoline storage tanks should also be appropriately advised.

TOTAL HEALTH

With manpower conservation programs again coming into prominence, the stress placed on the total health and medical care needs of workers assumes new significance. Dr. C. E. A. Winslow, Editor, American Journal of Public Health, told the industrial health personnel (APHA convention, St Louis, 1950) that they must subscribe to this broad concept of industrial hygiene. He said, "Your stake in this field....goes beyond industrial toxicology, your horizon is not limited by enveloping clouds of fumes and dusts. Public health, as a whole, began with sanitation. Its vision has broadened with every passing year, and so must yours....You (must) have the courage and determination to convince the health officer that the function of industrial hygiene is to promote in every possible way the advancement of the physical and emotional health of the worker in industry."

From an article by Walter J. Lear, M.D., in Industrial Hygiene Newsletter, January, 1951.

COMMUNICABLE DISEASES

THE ARMY PROVIDES ALL THESE THINGS FOR YOUR PROTECTION--

Repellents

Aerosol bombs

Miticide for impregnating clothing against chiggers

Bed Nets

Proper Clothing

Screened Buildings

DDT in powder form for protection against lice
5% DDT for treating buildings against insects

IT'S UP TO YOU TO USE THESE THINGS WHEN THE CONDITIONS UNDER WHICH YOU LIVE EXPOSE YOU TO INSECT-BORNE DISEASES

VITAMIN DEFICIENCY DISEASES

The army provides you with a well BALANCED DIET. The United States Army is the BEST FED army in the world.

As a soldier if you do not get a balanced diet it is ONLY BECAUSE you are turning your NOSE UP at some of the foods which are served in your dining room

A poorly balanced diet can result in DEFICIENCY DISEASES affecting your
NERVES--BONES--EYES or SKIN

To prevent VITAMIN DEFICIENCY in your diet eat green leafy vegetables and fruits EVERY DAY -- they contain VITAMINS which cannot be obtained from any other foods

And DON'T forget -- TAKE what you WANT and EAT what you TAKE!

ARTIFICIAL RESPIRATION

IMPORTANT POINTS TO REMEMBER IN GIVING ARTIFICIAL RESPIRATION--

Continue until breathing is restored, if necessary four hours, or longer or until physician pronounces patient dead.

Have an assistant clean out patient's mouth and loosen all clothing about the neck, chest, and waist.

Keep the patient warm.

Carry on artificial respiration at a point as near as possible to where patient stopped breathing.

In a change of operators, the change must be made without loss of rhythm of the movement.

You may save a life by giving artificial respiration in such cases as:

Drowning

Electric shock

Carbon monoxide poisoning

Choking

Alcohol poisoning

RESTRICTED

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